HELICOPTER OPERATING PROCEDURES - ST GEORGE HOSPITAL

Cross References (including NSW Health/ SESLHD policy directives)	NSW Health PD2018_011 *Critical Care Tertiary Referral Networks and Transfer of Care (ADULTS)* NSW Health PD2011_031 *Inter-facility Transfer Process for Adults Requiring Specialist Care* NSW Health PD2010_031 *Children and Adolescents - Inter-Facility Transfers* SGH CLIN 372 *Trauma Triage Activation Criteria - St George Hospital* SGH CLIN222 *Trauma Team Roles and Responsibilities, St George Hospital*
1. What it is	The process required for helicopter arrival to St George Hospital
2. Risk Rating	Low
3. Employees it Applies to	Intensive Care Nursing/ Medical staff, Security, Orderlies, Emergency Department Medical / Nursing staff, Specialty Registrars accepting or arranging transfer of patient's.

4. Process

- Helicopter retrieval is the quickest and safest means of transporting critically ill patients over middle to long distances. Helicopter retrieval to St George Hospital (SGH) is for patients transported directly from pre-hospital location as well as receiving patients from inter-hospital transfer.
- On rare occasions transfer of patients from SGH to other hospitals may be required. This is most commonly a baby or child requiring care at a tertiary paediatric facility.
- This policy relates to the process of the arrival and departure of helicopters to SGH.

4.1 DEFINITIONS

- **Helipad**

St George Hospital Helipad is located on the roof of the Acute Services Building in Gray Street. The Helipad is secured by locked doors. The keys to these doors are with security and authorised individuals only.

- **Aeromedical and Medical Retrieval Service (AMRS)**

A unit of the NSW Ambulance Service providing clinical support and advice, transport and escort services for critically ill patients requiring medical retrieval. AMRS is located within the Ambulance Operations Centre contactable via 1800 650 004.

- **Estimated Time of Arrival (ETA)**

Estimated time of arrival of helicopter is to be stated in actual time. ie. ETA 1600hrs, not ETA 15 mins.

4.2 PROCEDURE TO ACCEPT A PATIENT TRANSFER BY HELICOPTER

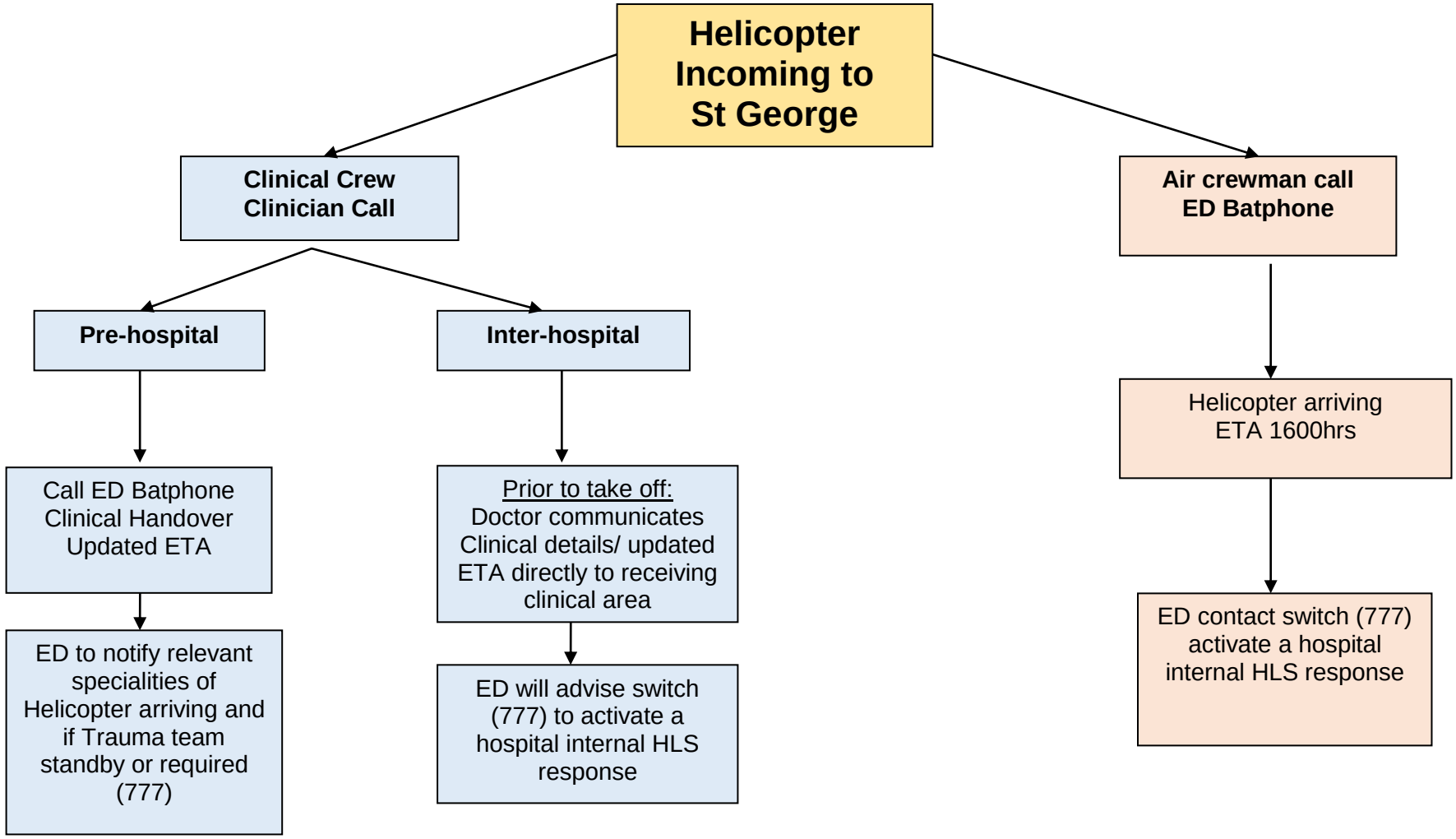
4.2.1 Pre-hospital

- Pre-hospital transfer is transport via helicopter direct from the pre-hospital location.
- *No pre-hospital (primary response) helicopter is refused.*
- Two forms of pre-hospital notification may be received:
  1. Air Crewman
     - The helicopter air crewman will call the Emergency Department (ED) using the hospital's Helicopter (Inbound) Notification number. The aircrew man will notify the ETA i.e. 1600hrs and patient destination.
     - ED will advise the Hospital Switchboard to activate pager code (777) to trigger the hospital internal helicopter landing site (HLS) response and will notify the clinical area of incoming patient.
  2. Clinical Crewman / Clinician Call
     - The Clinical crewman will provide an IMIST handover of the clinical details and an updated ETA directly to the receiving clinical area.

4.2.2 Inter-hospital ICS and ED

- Referring hospital contacts the AMRS or receiving Intensive Care Services (ICS) registrar/ Trauma Hotline to arrange acceptance of patient
- ICS registrar confirms bed availability. Note: all ICS admissions are confirmed by the ICS registrar or consultant not another speciality team
- AMRS is notified of transfer and dispatches appropriate retrieval team.
- Information required:
  - Patient's name
  - Patient's weight: It is important to be accurate with patient weight as this may affect the choice of vehicle. If patient weight approaches maximum permitted weight for a particular transport vehicle type then more detailed measurement charts will be supplied to the referring hospital by AMRS.
  - Referring hospital, ward and doctor
  - Accepting hospital
  - Accepting doctor and contact number
  - Multi resistant organism (MRO) status
- Advice on clinical aspects of retrieval is provided to the referring hospital by the ICU registrar / consultant and Retrieval doctor. Logistic advice will primarily be offered by the AMRS including the state retrieval consultant
- Based upon pre-hospital information and communication with the treating crew, the patient may be rapidly assessed in the emergency department and then transferred directly to CT scan, angiography or operating theatre.
- Any change in bed status at the receiving ICS must be notified to the AMRS immediately to facilitate alternate arrangements however once a patient has been accepted and retrieval is underway, it is not possible to rescind the acceptance.

4.5 Hospital response procedures for incoming Helicopter



4.6 STAFF ROLES

4.6.1 ED Staff member receiving the call via the BATPHONE

1) Aircrew man call via the BATPHONE

- ED staff member to complete the BATPHONE sheet
- Document MIST and ETA
- ED contact switch (777) to activate a hospital internal HLS response
- Notify relevant specialities

2) Clinical Crew / Clinician Call via the BATPHONE

- ED staff member to complete the BATPHONE sheet
- Document the clinical handover
- Document updated ETA
- Notify the Nurse in Charge and relevant specialities of helicopter arriving
- Activate trauma standby or trauma required via switch (777)
- ED staff member to notify the triage nurse and Clerk, resus nurse and medical officer in charge

4.6.2 Switchboard

1) Receive notification noting
   - ETA
   - Medical response required
2) Always notify security with ETA
3) Send messages
   - Group page (ICS arrival): '**Helicopter ETA 1600hrs- ICU only**' or '**Helicopter ETA 1600hrs- trauma team required ICU**'
   - Group page (ED arrival): '**Helicopter ETA 1600hrs- ED only**'
   - Group page (Interhospital ward/ crew only) - '**Helicopter arriving at 1600hrs- security only'**
4) If notified by emergency department trauma call activated as requested:
   '**Trauma team standby ED**' or '**Trauma team required ED**'

4.6.3 Security

1) Receives notification from switchboard
2) Upon notification
   - Lights on (helipad, windsock, floodlight)
   - Clear pad (persons, objects, lock doors)
3) During landing
   - Remain within helipad covered area
   - Fire safety
   - Keep pad clear
   - Ensure no one approaches aircraft until rotors are completely stopped and directed to do so by crew

- Ensure personnel and the bed have no loose objects or anything projecting into the air (e.g. hats, blankets, sheets, IV poles, etc)

4) Whilst on the ground
   - Allow orderly onto the helipad once rotors are completely stopped and directed by the crew
   - Ensure all others remain within the covered area
   - DO NOT assist with unloading
   - Maintain helicopter security
   - Maintain helipad security- helipad has no guard rail
   - No one, except helicopter crew should remain on the pad without security present
5) Before take off
   - Ensure pad is clear
   - Fire safety

4.6.4 ED Helicopter Duty Orderly

The HLS Orderly responds to HLS activation for incoming (and outgoing) patient activity.

Duties:

1) The HLS Orderly will prepare the patient trolley for helicopter arrival/departures.
2) The HLS Orderly will act as the trolley engine but will not provide any form of patient clinical care.
3) HLS Orderly will be trained and assessed as competent by the HLO for HLS duties.
4) HLS Orderly may be trained in HLS fire-fighting functions.
5) Specific HLS inspection and HLS activities are displayed in the Lift Lobby.

4.6.5 ED Registrar / Staff Specialist in charge

1) Receives notification of incoming prehospital patients. Clinical information likely to be minimal
2) There are to be no attempts to refuse a helicopter with a prehospital patient on board
3) Any specific urgent clinical requirements will be communicated by a member of the helicopter crew
4) On notification of a pre-hospital arrival or inter-hospital trauma transfer it is the responsibility of ED to activate the appropriate trauma page per SGH CLIN 372 *Trauma Triage Activation Criteria - St George Hospital*
5) Based on pre-hospital notification in consultation with surgical registrar decision can be made regarding direct transfer to CT or operating theatres if appropriate
6) Prepare ED Resuscitation room and trauma team, per SGH CLIN222 *Trauma Team Roles and Responsibilities, St George Hospital*
7) Remains in the ED resuscitation room to receive the patient. No assistance is required in the transfer from helipad to ED. Once the patient is unloaded, the transfer time to ED is 3-4 minutes
8) A verbal handover should be received from the Retrieval doctor with the entire team standing back and listening either prior to transfer to the ED bed, or, once connected to ED bed monitoring – dependent on patient condition and team leader / retrieval decision
9) Patient assessment and treatment continues along established guidelines.

4.6.6 ED Resuscitation nurse

1) Is the nurse team leader and scribe
2) Confirms with medical team leader that Trauma team standby/ required has been activated (if notification via batphone)
3) Allocates nursing roles tailored to staff/pre-hospital info
4) Ensures that self and other trauma team members are wearing appropriate PPE
5) Ensure all staff have labels clearly identifying roles
6) Makes sure pre-hospital documentation is available in resuscitation room
7) Requests blood products on standby (if indicated)
8) A verbal handover should be received from the Retrieval doctor with the entire team standing back and listening
9) Patient assessment and treatment continues along established guidelines.

4.6.7 ICU Registrar

1) Notifies ICU Consultant / Senior Registrar on duty when notification received of intended arrival of inter-hospital ICU transfer
2) Receives notification from the switchboard of ETA
3) Must be present for handover from the helicopter crew

4.6.8 ICU staff receiving inter-hospital transfers

1) The ED helicopter duty orderly (HDO) attends the helipad and escorts the retrieval team and patient to the ICU.
2) Handover and patient assessment should wait until the patient is in the ICU ward bed and all monitoring / therapies have been transferred. A verbal handover should be received from the retrieval doctor with the entire team standing back and listening
3) Proceed with assessments and care along established guidelines NSW Health PD2011_031 *Inter-facility Transfer Process for Adults Requiring Specialist Care*

4.7 RELEVANT PHONE NUMBERS

Switchboard	777 for all helicopter notifications (9 for normal use)
ED batphone	9588 6087 (Note: no internal extension available)
Aeromedical and Medical Retrieval Service (AMRS)	1800 650 004
Security Helipad	31000 or via switchboard
Helipad	via switchboard
ICU NUM1	33331
ED Nursing Team Coordinator	31665 or 31516 (mobile phone)
ED resuscitation room	31673 / 31674 / 31297
Paediatric ward	32320
Special Care Nursery	32558

5. Keywords	Helicopter, Medical retrieval
6. Functional Group	Emergency Department, Trauma, ICS
7. External References	
8. Consumer Advisory Group (CAG) approval of patient information brochure (or related material)	Not applicable
9. Implementation and Evaluation Plan Including education, training, clinical notes audit, knowledge evaluation audit etc	This existing policy has been refined to reflect current functional practice. Compliance is monitored by the St George Hospital Emergency Department
10. Knowledge Evaluation	Q1: Upon receiving notification via who need to be contacted and what information is required? A: Switch is to be contacted and provided with helicopter ETA and what level of response required. Q2: Who is responsible for activating trauma page for any pre-hospital patients or inter-hospital trauma transfers? A: The ED medical / nursing staff are responsible for activation of trauma page based on clinical information available Q3: When a Specialty registrar has accepted an inter-hospital transfer via helicopter who must be notified? A: Trauma registrar (#078) in hours or the on call surgical registrar (#099) after hours for all inter-hospital trauma transfers, bed manager and ICU if relevant
11. Who is Responsible	Director of Medical Services, SGH

Approval for HELICOPTER OPERATING PROCEDURES - ST GEORGE HOSPITAL * N/A where appropriate	
***Nurse Manager**	Name/position: Melanie Lax, Nurse Manager Emergency Department Date: 05.09.18
***Medical Head of Department**	Name /position: Dr Peter Grant, A/Medical Director Emergency Department Date: 11.09.18
Executive Sponsor	Name/Position: Clare Loveday, A/Nurse Manger Critical Care Services Date: 03.10.18
Contributors to ClBR development e.g. CNC, Medical Officers (names and position title/specialty)	Kim Lawler Patent Flow Manager, Clare Loveday NM Critical Care

Revision and Approval History

Date	Revision number	Author (Position)	Revision due
May 2004	1	St George Hospital Trauma Committee	May 2007
Mar 2007	2	St George Hospital Trauma Committee	Mar 2010
Aug 2008	3	St George Hospital Trauma Committee	Aug 2011
Mar 2015	4	Kate Curtis (Trauma CNC)	Mar 2018
Aug 2018	5	Kate Jarrett & Lauren Neuhaus ED CNCs	Aug 2021

General Manager's Ratification
Name: Leisa Rathborne Date: 30.10.18